

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012
Fill in circle if amendment ☒
Report Period: ☐ January/June ☒ July/December
Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
Client Filing Fee Check Number: 288413

FOR OFFICE USE ONLY

RECEIVED JAN 18 2013

II Client Information

Name: AAA New York State, Inc.
Permanent Business Address: 1415 William Place
City: Garden City State: NY ZIP code: 11530
Business Phone: 516 873-2259 Fax Number: 516 873-2355
Third Party Beneficiary (see instructions): N/A

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address: State: ZIP code:
City: Compensation for current period: \$.00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address: State: ZIP code:
City: Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address: State: ZIP code:
City: Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$.00



IV

A Report in the aggregate all expenses less than or equal to \$75: \$ 387 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ RECEIVED JAN 07 2013

C Itemize each expense exceeding \$75:

PAID TO: CAPWIZ DATE: 08/01/2012 ☐ Ad ☐ Social Event

PURPOSE: Computer/Grassroots System AMOUNT: \$ 3592 .00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$ 19102 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1 AAA New York

Single Source Entity's Name: AAA New York (Auto Club of NY)

or Single Source Person's Last Name: First Name:

Address: 1415 Killian Place

City: Garden City State: NY ZIP code: 11530

Phone: 516 873 2259

Date Contribution Received: 7/15/2012	Amount of Contribution: \$ 6,708 .00
Date Contribution Received: 8/15/2012	Amount of Contribution: \$ 6,497 .00
Date Contribution Received: 9/15/2012	Amount of Contribution: \$ 2,202 .00
Date Contribution Received: 10/15/2012	Amount of Contribution: \$ 4,469 .00
Date Contribution Received: 11/15/2012	Amount of Contribution: \$ 3,931 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2 AAA Western & Central NY

Single Source Entity's Name: AAA Western & Central NY

or Single Source Person's Last Name: First Name:

Address: 100 International Drive

City: Amherst State: NY ZIP code: 14221

Phone: 716 633-9868

Date Contribution Received: 7/15/2012	Amount of Contribution: \$ 3128 .00
Date Contribution Received: 8/15/2012	Amount of Contribution: \$ 3023 .00
Date Contribution Received: 9/15/2012	Amount of Contribution: \$ 0 .00
Date Contribution Received: 10/15/2012	Amount of Contribution: \$ 0 .00
Date Contribution Received: 11/15/2012	Amount of Contribution: \$ 1656 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V. Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Single Source # 1

Related or Affiliated Entity or Person:

AAA New York

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	12 / 15 / 2012	Amount of Contribution: \$	3,931	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Single Source # 2

Related or Affiliated Entity or Person:

AAA Western & Central NY

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	12 / 15 / 2012	Amount of Contribution: \$	2,967	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

VI Subject Matter:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Resolution, or other legislative action relative to the introduction or intended introduction of legislation or resolution on which you received:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality tabulated:

☐ Continued on attached pages

VII Person, State, Agency, Municipality or Legislative Body/Committee:

☐ Continued on attached pages

VIII Title and identifying numbers of procurement contracts/documents tabulated:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts are tabulated:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)
 I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST

TITLE:

Mark One:



Chief Administrative Officer

DATE:

FIRST

☐ Designee (Attach Letter)

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.